ANNEXURE – II

PROFORMA FOR INVESTIGATION OF PATIENT:

OPD NUMBER:

NAME:

AGE:

SEX:

ADDRESS:

OCCUPATION:

GENERAL INFORMATION OF PATIENT

B.P.:

WEIGHT:

DURATION OF ILLNESS:

FAMILY HISTORY:

APPETITE:

SLEEP:

FEVER:

NIGHT SWEATING:

LYMPHADENOPATHY:

FATIGUE:

BLEEDING /BRUSHING:

PATCHES ON SKIN:

PAIN AND TENDERNESS IN LIMB:

ADDICTION HISTORY:

HEPATOSPLENOMEGALY:

OTHER MEDICATION: